

EXAMINATION.

State of Maryland, County of Anne Arundel ss.

Doctor's name and Post-office address. *Amphers, New York*

is County of *Amphers* State of *New York*

being first duly sworn, says that his age is now *47* years, and that he is a regular practicing physician of *21*

years standing, and that he has this day examined carefully one *Samuel Base*

who, he is informed was late a *Private* in Company *D* 30th *Co* 1st *Regt*

Vol's, and finds him afflicted as follows: *not mentioning any other*

*but pointing out that he is afflicted with a disease*

*the heart is fully affected. enlarged*

*with valvular lesions. I refer to*

*recently published reports*

*is incapacitated for the performance*

and he further says that the said *Samuel Base*

of manual labor by reason of aforesaid disabilities in about the following degree: *Not capable*

Here state in about what degree claimant is disabled, in your judgment. That is, state about how much of the time he is not able to work.

Doctor: Here give a full and clear diagnosis of the disability upon which pension is claimed as you find it now upon examination, and state what was the probable cause, giving all rational and physical signs of each disease.

Subscribed and sworn before me this *17th* day of *May* 189*7*

The affiant is a credible witness, and the person he represents in the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written.

Notary Public

and the affiant further says that he is in nowise interested in the prosecution of this claim for pension.

William Base M. D.

Affiant's Signature.

[T. S.]